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| logo ETICS transparent | **OPERATIONAL DOCUMENT** | **CIG 422**  **Section A** |
|  | | |
| **Request of Inspection**  TO BE COMPLETED BY THE CERTIFICATION BODY REQUESTING VISIT | | |
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| Approved by: | Full Members of CIG Inspection Scheme | No. of pages: 12 |
| Date of issue: | April 2025 |  |
| Supersedes: | OD CIG 022 Section A - April 2019 | Page 2 of 12 |

OD CIG 422 SECTION A – REQUEST OF INSPECTION

Questionnaire to be completed by the Certification Body requesting the visit.

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| A.1 Requesting Certification Body: | | | Reference No.: |
| A.2 Requested Inspection Body: | | | |
| A.3.1 Factory registered name and factory location: | | | |
| Factory registered name: |  | | |
| Street and No.: |  | | |
| Postal Code: |  | | |
| City: |  | | |
| Province: |  | | |
| Country: |  | | |
| GPS-coordinates: *(optional)* | N:  S:        E:  W: | | |
| A.3.2 Factory representative name and contact data: | | | |
| Factory representative name: |  | | |
| Position: |  | | |
| Telephone (incl. country code): |  | | |
| Mobile (incl. country code): |  | | |
| E-Mail: |  | | |
| A.4 Licence Holder registered name and address: | | | |
| Licence Holder name: |  | | |
| Street and No.: |  | | |
| Postal Code: |  | | |
| City: |  | | |
| Province: |  | | |
| Country: |  | | |
| Telephone (incl. country code): |  | | |
| Mobile (incl. country code): |  | | |
| E-Mail: |  | | |
| licence holder representative name and contact data: | | | |
| Name: |  | | |
| Position: |  | | |
| Telephone (incl. country code): |  | | |
| Mobile (incl. country code): |  | | |
| E-Mail: |  | | |
| A.5 Product category: | | | |
| A.6 Standards: | | | |
| A.7 Certification Mark(s) requested: | | | |
| A.8 Inspection frequency: | | | |
| A.9 Other information (such as documents enclosed): | | | |
| Place and Date: | | Signature: | |